



200703130112

Skagit County Auditor

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2 2:00PM

Thomas Lee BrownPO Box 1166Mt. Vernon, WA 98273-1166**CLAIM OF LIEN**

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable):		
Grantor(s) (Owner): (1) <u>Holt, Shelly D.</u>	(2) <u>Holt, Rick</u>	Add'l. on pg
Grantee(s) (Claimants): (1) <u>Mt. Vernon Carpet Center</u>	(2)	Add'l. on pg
Legal Description (abbreviated): <u>Lot 10-12, Samish River Acreage</u>		Add'l. legal is on page
Assessor's Property Tax Parcel / Account # <u>3989-001-012-0409</u>		

Mt. Vernon Carpet Center

Claimant

Shelly D. Holt

vs.

Name of person indebted to Claimant

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW.
In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: Mt. Vernon Carpet Center (Tom Brown)
TELEPHONE NUMBER: (360) 336-6533 ADDRESS: 400 W. Fir, Mt. Vernon, WA 98273
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: Dec. 14, 2006
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Shelly D. Holt
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 9429 Avon Allen
Lot 10-12, Samish River Acreage Bow, WA 98232
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Shelly D. Holt
TELEPHONE NUMBER: (360) 757-2844 ADDRESS:
6. THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED: Dec. 14, 2007



Claim of Lien

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Skagit County Auditor

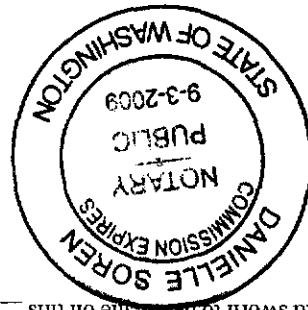
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



Print Name Danielle Soren
Notary Public in and for the State of Washington
My appointment expires: 9-3-2009

Signed and sworn to before me on this 13th day of March, 2007

under penalty of perjury.
I, the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive being sworn, says, I am the claimant (or attorney for the claimant) and the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive

STATE OF WASHINGTON
County of _____
SS. }

Claimant Thomas Lee Brown
Print or Type Name 400 W. Fir Mt. Vernon Capital Center
Address 400 W. Fir Mt. Vernon, WA 98273
Telephone Number (360) 330-0533

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$584.36
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____